



## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

FILING DATE

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| 50<br>TOTAL   |          |          |  |   |                     |  | ĺ |
| IND.          | !        | 1        | . رھ   | 1   |                     | 1  |   |
| TOTAL<br>DEP. |          | <b>—</b> | 417.   | -   |                     | <b>—</b> *                                       |   |
| TOTAL         |          |          |  |   |                     | THE PERSONNELLY                                  |   |
|               |          |          | $\mu_{\mu}$                                      | the minds   |                     | <b>14300000</b>                                  | ì |

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|               | IND. | DEP.      | IND.   | DEP.         | IND            | 755               |
| 51            |      |           |  | -            | IND.           | DEP.              |
| 52            |      |           | <del> </del>                                     | <del> </del> | <del> </del>   | <del> </del>      |
| 53            |      |           | <del>                                     </del> |              | <del> </del> - |                   |
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| 76            |      |           |  |              |                |                   |
| 77            |      |           |  |              |                |                   |
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| 81            |      |           |  |              |                |                   |
| 82            |      |           | ļ <u> </u>                                       |              |                |                   |
| 83            |      |           |  |              |                |                   |
| 84            |      |           |  |              |                |                   |
| 85            |      |           |  |              |                |                   |
| 86            |      |           |  |              |                |                   |
| 87            |      |           |  |              |                |                   |
| 88            |      |           |  |              |                |                   |
| 89            |      |           |  |              |                |                   |
| 90            |      |           |  |              |                |                   |
| 91            |      |           |  |              |                |                   |
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| 93            |      |           |  |              |                |                   |
| 94            |      |           |  |              |                |                   |
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| 96            |      |           |  |              |                |                   |
| 97            |      |           |  |              |                |                   |
| 98            |      |           |  |              |                |                   |
| 53            |      |           |  |              |                |                   |
| 100<br>TOTAL  |      |           |  |              |                |                   |
| IND.          |      | 1         |  | 1            |                |                   |
| TOTAL<br>DEP. |      | <b>+=</b> |  | *** <u>†</u> |                | t                 |
| TOTAL         |      | <b>建物</b> |  |              |                | <b>प्रयक्त</b> ाः |
|               |      |           |  | her attached |                | Mile 1            |

\*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell National Stage Processing (703) 305-3631

FORM PTO-1360 (REV. 3-78)

U.S.DEPARTMENT OF COMMERCE Patent and Trademark Office